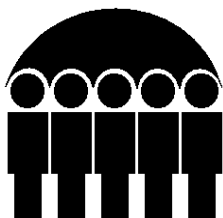


February 10, 2006

Employees' Manual
Title 3
Chapter E

RESTRAINT AND SECLUSION POLICY FOR MHIs

APPENDIX



Iowa
Department
of
Human Services

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Consent to Treatment, Form 470-0428

Purpose	<p>Form 470-0428 is used by the Mental Health Institute to confirm that an individual has given consent for treatment while a patient in the facility. This form also confirms that the patient has been informed of:</p> <ul style="list-style-type: none">◆ The philosophy of treatment of the facility,◆ The policy concerning restraint and seclusion, and◆ The patient's rights and responsibilities.
Source	<p>This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3S2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop or forms room where available.</p>
Completion	<p>The admission staff shall explain this form to the patient. The patient (or the patient's guardian, where applicable) shall read, sign, and date the form. The patient's signature is required before delivery of treatment other than lifesaving measures.</p>
Distribution	<p>Upon completion, this form is filed in the patient's ward chart while an inpatient in the Mental Health Institute. At the time of discharge, the form is moved to the patient's permanent medical record.</p>
Data	<p>The form contains the patient's name, the date administered, and the signatures of the patient, the guardian, and a witness.</p>

Risks, Triggers, Signs and Coping Aids, Form 470-4321

Purpose	<p>Form 470-4321 is intended to identify situations that may lead to agitation of the patient and to identify methods that may be helpful to deescalate a potentially volatile situation.</p> <p>The form is also designed to identify additional self-reported conditions such as medical conditions or history of abuse that should be considered when providing treatment and is to be read and understood by all staff working with the patient.</p>
Source	<p>This form may be printed from the DHS on-line manual, from the electronic share located at \\HOOVR3S2\DEPDIR.772\FACILITYPOLICY\R&S FORMS, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.</p>
Completion	<p>This form is to be completed by the patient or with the patient assisted by admission staff upon admission to the MHI or as soon as possible thereafter when the patient is able to answer the questions on the form.</p>
Distribution	<p>Keep this form readily available in the patient's medical record. Additional distribution of form shall be as designated by MHI policy and procedures on restraint and seclusion.</p>
Data	<p>Encourage the consumer to complete the form. The form lists:</p> <ul style="list-style-type: none">◆ Things that cause agitation, fear, or panic in the patient.◆ Observable early warning signs for the patient.◆ Things that may help the patient calm down.◆ The patient's history of:<ul style="list-style-type: none">• Restraint and seclusion:• Medical conditions and physical disabilities.• History of sexual or physical abuse.

Initial Restraint or Seclusion Prescription, Form 470-4317

Purpose	<p>Form 470-4317 is used to prescribe restraint or seclusion as a last resort to prevent imminent physical harm to either the patient or facility staff.</p> <p>The back of this form is used to continue the restraint or seclusion beyond the initial prescription and describes the specific reasons or behaviors that require the continuation of the restraint or seclusion.</p>
Source	<p>This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.</p>
Completion	<p>MHI medical staff or an MHI registered nurse completes this form when restraint or seclusion needs to be prescribed.</p> <p>MHI medical staff or an MHI registered nurse completes the back of this form when restraint or seclusion needs to be continued beyond the timeframes of the original prescription.</p>
Distribution	<p>Distribution shall be as designated by MHI policy and procedures on restraint and seclusion.</p>
Data	<p>Complete all items on each form. The form documents:</p> <ul style="list-style-type: none">◆ The reason for the restraint or seclusion.◆ The intervention attempted to de-escalate the emergency.◆ Specific instructions based on the patient's history.◆ Criteria for the patient's release from restraint or seclusion.◆ The physician or physician assistant's face-to-face assessment of the patient.◆ Orders for continued restraint or seclusion and the reason for those orders.

Restraint/Seclusion Monitoring Checklist and Narrative, Form 470-4318

Purpose	<p>Form 470-4318 is used to:</p> <ul style="list-style-type: none">◆ Document the names of all staff directly involved in a restraint or seclusion intervention;◆ Describe objective release criteria from the restraint or seclusion prescription form to be used in determining when a patient can be released; and◆ Document assessments of the patient's physical and psychological well being during a restraint or seclusion intervention.
Source	<p>This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.</p>
Completion	<p>This form is to be completed by MHI staff involved in the restraint or seclusion intervention and subsequent monitoring of the patient.</p>
Distribution	<p>Distribution of form shall be as designated by MHI policy and procedures on restraint and seclusion.</p>
Data	<p>Complete all items on each form.</p>

Restraint/Seclusion Patient Debriefing, Form 470-4320

Purpose	Form 470-4320 is used to document information received directly from a patient involved in a restraint or seclusion intervention.
Source	This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.
Completion	The RN or designee initiates the patient debriefing process. As soon as the patient is receptive following any incident of restraint or seclusion staff will ask the patient to complete this form. The patient can complete the form independently or with staff assistance.
Distribution	Place the form in the front of the patient's medical record for reference during the team debriefing. Additional distribution of form shall be as designated by MHI policy and procedures on restraint and seclusion.
Data	<p>The form solicits information on:</p> <ul style="list-style-type: none">◆ The events leading up to the incident.◆ The patient's actions and feelings before and after the incident.◆ Possible future strategies.

Restraint/Seclusion Same-Day Staff Analysis, Form 470-4316

Purpose	Form 470-4316 is used to document an immediate post-event analysis and discussion by all primary staff involved in a restraint or seclusion intervention. This form is also to be used in the team debriefing and the administrative review.
Source	This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.
Completion	<p>The RN supervisor or designee initiates the same-day staff debriefing process following any incident of restraint or seclusion, after the situation has calmed, orders are written, and the initial paperwork is completed. To the extent possible, all staff directly involved in the incident shall be included in this debriefing.</p> <p>The debriefing for staff is to be a structured meeting in a safe environment, encouraging an open discussion and recording of the facts and what might have been done differently to avoid this and future incidents of restraint or seclusion.</p>
Distribution	Place this form in the patient's record to document the debriefing results and to be used in the team debriefing and administrative review. Additional distribution of form shall be as designated by MHI policy and procedures on restraint and seclusion.
Data	<p>Complete all items on each form. The form summarizes:</p> <ul style="list-style-type: none">◆ The events that led up to the incident.◆ How the situation escalated.◆ What staff actions helped and didn't help.

Restraint/Seclusion Next Working Day Team Debriefing, Form 470-4319

Purpose	<p>Form 470-4319 assists the treatment team to:</p> <ul style="list-style-type: none">◆ Determine how to more effectively assist the patient and staff in understanding what precipitated a restraint or seclusion event.◆ Develop interventions to avoid the need for restraint or seclusion.
Source	<p>This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.</p>
Completion	<p>The assigned treatment team completes a team debriefing on the next working day following an incident of restraint or seclusion. The meeting shall include the patient, the physician, the nurse, the social worker, and, when possible, LPNs, RNs, and the RN supervisor.</p> <p>The team members indicate on this form whether or not there have been multiple episodes of restraint or seclusion during this admission and how frequently episodes have occurred within the past 30 days. Recommendations include strategies to eliminate multiple episodes and use alternative interventions.</p>
Distribution	<p>File the completed team debriefing form in the patient's record. Additional distribution of form shall be as designated by MHI policy and procedures on restraint and seclusion.</p>
Data	<p>Complete all items on each form. The form contains:</p> <ul style="list-style-type: none">◆ A list of the staff participating in the debriefing.◆ A summary of the events heading up to the incident.◆ A review of the patient report.◆ A review of the recommendations and implementation of changes in the patient's treatment plan.◆ Documentation of debriefing with the patient's family.

Restraint/Seclusion Debriefing: Administrative Review, Form 470-4322

Purpose	Form 470-4322 is used to document the review by MHI administrative staff of a restraint or seclusion intervention.
Source	This form may be printed from the DHS on-line manual, from the electronic share located at \\Hoovr3s2\DEPDIR.772\FACILITYPOLICY\R&S Forms, or from an MHI public file where available. The form may also be photocopied from an MHI policy manual or obtained from an MHI print shop/forms room where available.
Completion	<p>The clinical director, director of nursing, or the superintendent leads an administrative review of all written debriefing materials following each episode of restraint or seclusion.</p> <p>The reviewers will particularly note if there have been multiple episodes of restraint or seclusion required for this patient, as indicated by the team debriefing form. If so, the administrative reviewers will specifically address causes and strategies to reduce or eliminate future episodes.</p> <p>The recommendations of the administrative review will be routed to and acknowledged by the treatment team, the physician staff, nursing staff, training staff and any other applicable departments of the facility.</p>
Distribution	Distribution of form shall be as noted above and as designated by MHI policy and procedures on restraint and seclusion.
Data	<p>Complete all items on each form. The form identifies:</p> <ul style="list-style-type: none">◆ Any evidence that a site or policy may have triggered the incident.◆ Any training needs identified based on the review.◆ Any feedback for the patient's treatment team based on the review.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 10, 2006

GENERAL LETTER NO. 3-E-AP-1

ISSUED BY: Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter E, **RESTRAINT AND SECLUSION POLICY FOR MHIS APPENDIX**, Title page, new; Contents (page 1), new; pages 1 through 8, new; and the following forms:

470-0428	<i>Consent to Treatment</i> , revised
470-4321	<i>Risks, Triggers, Signs and Coping Aids</i> , new
470-4317	<i>Initial Restraint or Seclusion Prescription</i> , new
470-4318	<i>Restraint/Seclusion Monitoring Checklist and Narrative</i> , new
470-4320	<i>Restraint/Seclusion Patient Debriefing</i> , new
470-4316	<i>Restraint/Seclusion Same Day Staff Analysis</i> , new
470-4319	<i>Restraint/Seclusion Next Working Day Team Debriefing</i> , new
470-4322	<i>Restraint/Seclusion Debriefing: Administrative Review</i> , new

Summary

The purpose of the mental health institutes is to provide a safe therapeutic treatment environment. A goal is to prevent, reduce, and eliminate the use of restraint and seclusion.

This Appendix issues new state-approved forms that are to be used by all state mental health institutes, to document treatment described related to the use of restraint and seclusion. These forms can be modified only with permission of the Office of The Deputy Director for Field Operations.

Effective Date

Immediately.

Material Superseded

Destroy all supplies of previous forms used to order and document restraint and seclusion interventions.

Additional Information

Refer questions about this general letter to your institution superintendent.